

# COVID-19 PROTECTION GUIDANCE

## 1. INTRODUCTION

COVID-19 is an infectious disease caused by a new strain of coronavirus, first identified in December 2019. It was initially declared a global emergency of public health concern by WHO on 30 January 2020. On 11 March it was declared a pandemic. Oxfam classified it as a Category 1 crisis on 18 March 2020.

Official measures in response to the outbreak have included physical distancing and severe restrictions on movement. These measures, along with the global scale of the crisis, pose an unprecedented challenge to the way we engage the people we serve, and draw attention to the pivotal role communities play as humanitarian actors in their own right.

In this context, we must adapt our protection work and make even greater efforts to support local humanitarian leadership. Communities will bear the heaviest burden of humanitarian responses during the pandemic.

While this document outlines key considerations for protection work during the pandemic, such guidance should be adapted to local guidelines, including measures issued by local authorities in each country.

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## 2. POTENTIAL PROTECTION CONCERNS

There are many new and exacerbated protection concerns during the COVID-19 outbreak. Threats within isolated or confined environments should not be overlooked, and special attention should be paid to changed or heightened conflict dynamics. The following list is based on an ongoing Global Protection Analysis, and is not exhaustive:

- limited access to information
- limited access to healthcare for those most affected by COVID-19
- unavailability of safe, timely access to emergency and protection services
- the impact of controls on freedom of movement on access to basic needs, livelihoods and markets
- discriminatory or disproportionate application of medical confinement and detention
- use of military assets in maintaining law and order
- privacy and data protection risks
- forced relocation, forced returns or resettlement
- border closures, refoulement and denial of citizenship
- gender-based violence, especially intimate partner violence and child abuse
- systematic violence, abuse and exploitation of specific groups, including that related to stigmatization and prejudice
- increased conflict and/or civil unrest

### RESTRICTIONS IMPOSED BY RESPONSES TO COVID-19 SHOULD:

- Be limited in duration.
- Take into account the impact on marginalized and vulnerable groups, such as refugees and internally displaced people – and how some people within these groups will be even more impacted and marginalized.
- Not be used to target certain groups, minorities or individuals, and not be a cover for repressive action or to stop dissent.
- Allow for refugees and internally displaced people to:
  - access critical, up-to-date information;
  - access services;
  - have their freedom of expression protected; and
  - have their personal data, including health data protected.

## 3. ADAPTING TO PHYSICAL DISTANCING

Oxfam's protection work is community-based and focuses on supporting communities' self-protection capacities. Therefore, it usually relies heavily on face-to-face exchanges with communities. Nonetheless, movement and contact restrictions will render face-to-face engagement difficult, if not impossible. The feasibility of face-to-face engagement will depend on the type and importance of each activity and the level of outbreak in each country. These factors are detailed in Oxfam's Guidance for Community Facing Staff ([Oxfam 2020d](#)). When face-to-face engagement is still possible, Oxfam staff and volunteers should follow the protective measures outlined in that guidance, including physical distancing and enhanced hygiene protocols.

Oxfam's Guidance Note on community engagement during COVID-19 ([Oxfam 2020a](#)) and the associated tip sheet ([Oxfam 2020c](#)) provide guidance and ideas on how to adapt engagement strategies when face-to-face work is no longer possible. Some suggestions of actions to be taken before physical access is restricted, if possible, are listed below:



The feasibility of face-to-face engagement will depend on the type and importance of each activity and the level of outbreak in each country.



### Communications

- Discuss with regular interlocutors such as community protection committees (CPCs), community focal points, partners, civil society groups, local authorities etc.:
  - how to communicate remotely (e.g. phone calls, SMS, WhatsApp etc.);
  - the frequency of regular check-ins;
  - how to warn them and what to do if a situation changes suddenly; and
  - who pays for phone credit recharges.
- Ensure you have up-to-date contact details.
- Consider using text messages instead of calls, especially in areas with unstable networks, as they can reach the contact when they reconnect.



### Communities

Discuss with communities:

- Key activities that members can safely keep doing; and
- The support they will need, both in terms of training and resources, to keep working on protection.



### Coordination

- Consider partnerships that could facilitate the technological aspects of remote engagement.
- Coordinate with other teams in Oxfam and/or other actors that may be setting up remote community engagement.



### Safety and data protection

- Ensure data protection mechanisms are in place and efficient.
- Analyse potential risks linked to the method chosen (e.g. phone calls can be overheard, written messages can be read by others if not deleted, etc.).
- Agree on how to gain informed consent from remote respondents.
- Agree on indicators, or triggers, that would interrupt remote communications.

It may be more difficult to establish trust remotely, and remote communication may create specific risks; some questions may therefore seem too sensitive. Explaining clearly who you are, what your organization does, how you intend to use information and getting informed consent is thus even more important than ever.

## 4. HOW TO ADAPT OUR MODES OF ACTION DURING THE COVID-19 PANDEMIC

The following guidance is based on Oxfam’s six modes of actions for protection work that form part of Oxfam’s protection model (see [Oxfam 2017](#)),<sup>1</sup> highlighting areas for adaptation.

**Table 1: Oxfam’s modes of action to reduce protection risks**

<p><b>1. International advocacy and campaigning</b> to convince those in power or with influence to protect people. (Through the Rights in Crisis Campaign.)</p>	<p><b>4. Build the self-protection capacity</b> of crisis-affected communities and groups, community safety plans, partner capacity-building, etc.)</p>
<p><b>2. Carry out and support partners and communities in local and national level advocacy and negotiation</b> for protection.</p>	<p><b>5. Facilitate safe, timely access</b> to emergency and protection services. (Through referrals to medical or legal assistance, advocacy, cash grants, information and awareness raising, etc.)</p>
<p><b>3. Capacity-building</b> and support to the relevant authorities to better fulfil their protection role. (Training, secondments, mentoring, practical assistance, etc.)</p>	<p><b>6. Provide practical humanitarian assistance</b> to help people stay safer. (E.g. solar lights, fuel-efficient stoves, emergency cash grants, etc.)</p>

<sup>1</sup> Please note that this framework is under review, given that Safe Programming is now one of the four pillars of Oxfam’s Humanitarian Approach, and therefore a responsibility of all sectors.

## 4.1. Protection monitoring

Protection monitoring involves the systematic analysis of information in order to identify violations of rights and protection risks over time. This monitoring and analysis informs protection activities such as facilitating referrals, supporting community-led activities, capacity building of authorities, and informing protection advocacy and campaigning. It is highly dependent on face-to-face interactions, such as focus group discussions and one-on-one conversations. However, during the COVID-19 outbreak these may not be possible, in which case alternative forms of community engagement may be required. Please refer to the alternative community engagement strategies in [Section 3](#).

Protection monitoring should focus on priority **threats** in each context. Please refer to the list in [Section 2](#) for potential concerns, adapting them for your specific context.

Protection monitoring should also pay attention to how COVID-19 may affect specific groups differently, depending on their existing **vulnerabilities in each specific context**. Such groups could include women and girls, elderly and disabled people, but might also include children, men, specific ethnic groups and people of different nationalities.

Oxfam staff and volunteers should also monitor the development and evolution of communities' **capacities and self-protection mechanisms**. These are key elements of a protection analysis and essential for developing an adequate response. Thus, consider COVID-19's impact on communities' existing and potential responses to protection concerns. Consider specifically whether spontaneous community groups are being created, new self-protection strategies being developed, and/or existing self-protection capacities/strategies being weakened or hampered by emergency measures.

### GENDER SENSITIVITY

It is crucial to build a **gendered understanding** of protection concerns into interventions that incorporate the specific risks, vulnerabilities, capacities and opportunities in your context. It is also necessary to **involve women in decision making** and implementation of preparedness and response activities.

## 4.2. Support to community-based protection actions

Community-based protection actions may include both the activities of established community protection structures, and new safe and positive self-protection strategies spontaneously adopted by community members or groups that can be expanded for wider impact. In order to support community-based protection actions, consider the aspects below. (For more comprehensive guidance, see [GPC et al. 2020](#).)

- **Protection from COVID-19:** Support the protection of communities, staff and partners from COVID-19 transmission. This could include putting in place safe alternatives to, or safety measures for, meetings, outreach visits and face-to-face interactions; establishing handwashing stations in places convenient for the community; and the provision of personal protective equipment (Oxfam [2020a](#), [2020b](#), [2020c](#), [2020d](#)).
- **Technical support:** Provide technical support to communities in the development of community protection plans and contingency plans for COVID-19. This could include support to map health facilities and resources, establish communication trees, identify at-risk groups and put in place processes for community responses.
- **Social cohesion:** Support communities' isolation and solidarity strategies, as well as other collective efforts and self-protection mechanisms in response to COVID-19. Bear in mind the need to strengthen social cohesion, challenge stigmatization and mitigate potential incidents of violence. (For more comprehensive guidance on preventing and addressing social stigma during COVID-19, see [IFRC et al. 2020](#)).

- **Support isolation strategies** to allow for the protection of the most vulnerable. This could include supporting communities and partners to establish and promote safe isolation spaces that could counter domestic/intimate partner violence or child or elder abuse.
- **Support solidarity strategies** to allow community members to voice protection concerns. Solidarity strategies may include community groups assisting vulnerable households with communication systems that help them voice their needs. Although such systems will be context-specific, they should include discreet means to flag sensitive needs and concerns, so as to allow for victims of abuse to safely report their situation.
- **Understand self-protection mechanisms** to allow for the identification of positive and negative community strategies. By increasing the burden on communities to ensure their own protection, movement restrictions and other measures in response to COVID-19 will likely increase the burden on communities to ensure their own protection, and thus also contribute to a proliferation of negative coping strategies, especially in contexts marked by lack of access to services, resources and livelihoods.
- **Existing responses:** Support existing community-based protection actors to adapt and maintain their existing work not directly related to COVID-19. For example, this could include work on preventing evictions; supporting legal status and access to post-rape clinical care, child protection services and family tracing; dealing with detention; and safe, timely and confidential access to medical, psychosocial and legal services.
- **Access to quality and reliable information:** Ensure community protection actors have safe access to quality information that may be essential to communities' survival and coping mechanisms, as well as to avoid the stigmatization and further marginalization of certain groups.
  - **Information on the pandemic** itself, such as existing response measures and their implications for specific communities, or on the development of the outbreak or scientific discoveries about the virus.
  - **Information on services** still available and how to access them safely.
  - **Information on how to use certain technologies** essential to ensuring remote programming is inclusive of those not familiar with certain technologies or with limited literacy (which disproportionately affects women, elderly, disabled people and some minority groups).
  - **Information on the whereabouts of – or facilitating direct contact with – relatives** undergoing treatment for COVID-19, which may reduce the psychological toll of such separation and, in cases where children are separated from their primary caregivers, ensure continuation of care to children. Information systems should be responsive to align with community engagement strategies and to support communities to check facts, track rumours and support skills in media consumption.
- **Access to adequate resources:** Ensure that communities have the necessary resources to ensure their own protection, including:
  - **Communication resources**, such as posters, portable radios, phones, phone credit, free Wi-Fi hotspots and even megaphones.
  - **Resources necessary for the implementation of specific CBP activities**, including cash. This type of support could also include concerted action with other field clusters for the provision of resources to compensate for the lack of access to livelihoods and basic needs, exacerbated by COVID-19, in view of strengthening communities' overall resilience.



Bear in mind the need to strengthen social cohesion, challenge stigmatization and mitigate potential incidents of violence.

- **Raising voices:** Support communities in voicing and advocating for their own needs. During the COVID-19 pandemic, communities may be less able to raise their concerns directly with authorities. Therefore, offer them the possibility of your organization raising their needs on their behalf through representations and coordination with local authorities, conflict actors and other duty bearers – or through public advocacy campaigns. Make an active effort to reach and amplify the voices of communities who may not have previously been supported by, or had contact with, humanitarian actors.



**Make an active effort to reach and amplify the voices of communities.**

### **4.3. Access to information, sensitization and awareness raising**

Information is key to ensuring appropriate responses to the outbreak at the community level. It is also needed to avoid the stigmatization and further marginalization of certain groups. Responses to COVID-19 are likely to be focused on public health, water, sanitation and hygiene; however, there is significant space for protection to play a role in ensuring safe and equal access to quality information. Community protection structures, including community-based protection networks, may be involved, or take the lead, in ensuring access to information as well as in sensitization efforts. This will require working together on key messages and sensitization strategies that will work where face-to-face engagement may no longer be possible. This can build on the remote engagement strategies discussed in [Section 3](#).

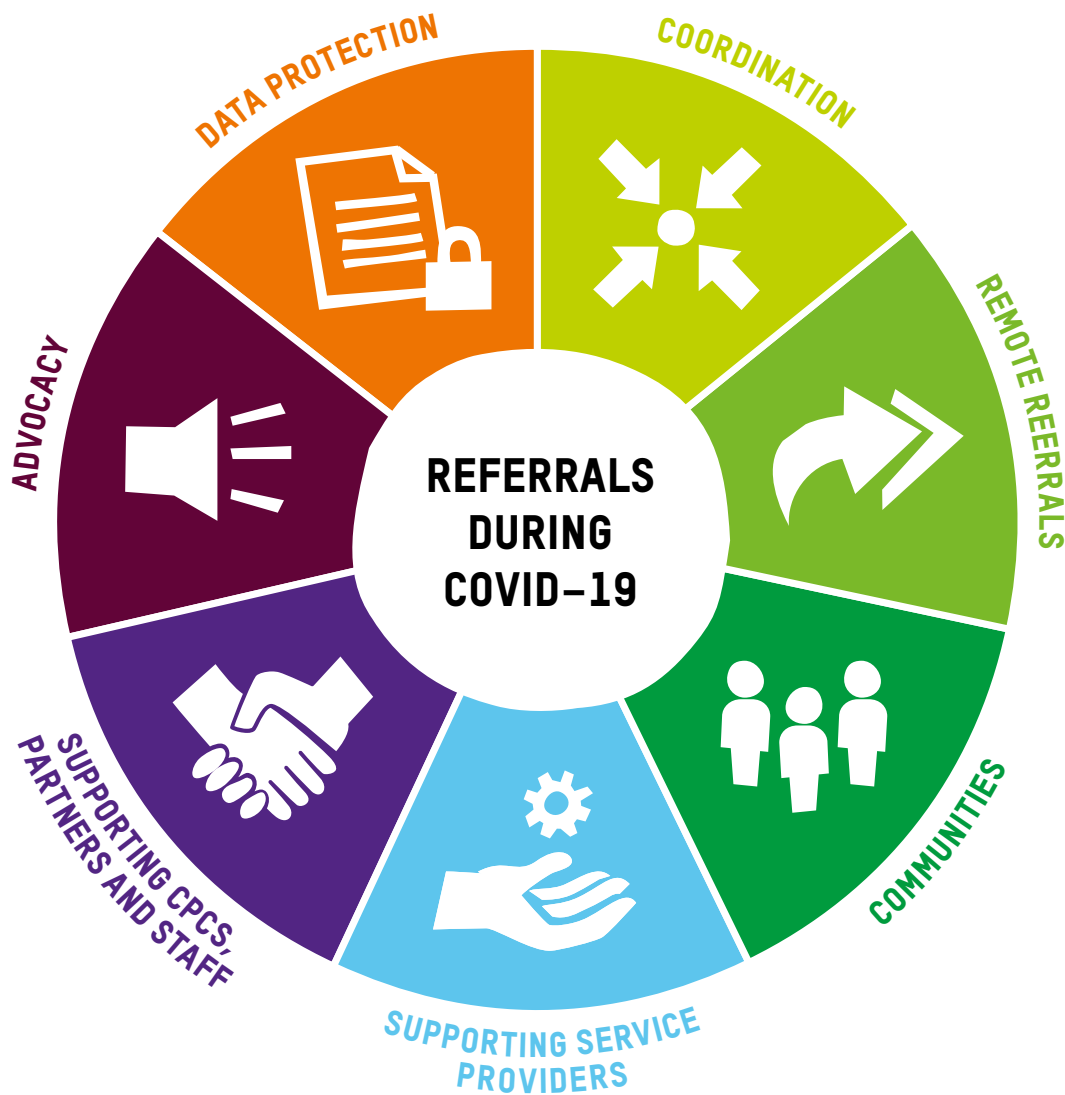
### **4.4. Facilitating safe and timely access to survivor-centred protection and emergency services**

Oxfam teams, community protection structures and focal points, partners and staff may all be involved in sharing information on referral systems. This may be part of their general sensitization efforts or given directly to people facing protection risks, including but not limited to gender-based violence, child protection issues, family separation, access to legal documents, detention, torture, trafficking, etc. Similarly, we may be partnering with service providers who could need support in adapting to COVID-19. Public health messaging should include raising awareness of services provided by humanitarian actors and primary duty bearers, and how to approach them for additional support. However, the availability of services may drastically change. Thus, along with other official measures in response to the outbreak, it may be necessary to work with other protection actors to update referral systems to allow remote referrals using mobile phones or digital tools. However, while some services can be delivered remotely, others may need an in-person consultation (e.g. medical consultations), thus requiring support for safe travel to a service provider.

The following points provide some guidance on how to adapt his area of work in the context of COVID-19, but need to be adapted to each context.



**Along with other official measures in response to the outbreak, it may be necessary to work with other protection actors to update referral systems to allow remote referrals.**



## COORDINATION

Regularly update service mapping in collaboration with existing coordination/case management systems, where they exist, including:

- **Access.** Which services continue to be available? Are any services available remotely? Are any services not accepting COVID-19 patients? What new protocols are in place?
- **Safety and quality of services.** What risks may people be exposed to while accessing services? Are there protective measures against transmission in place at services? Are services still able to provide quality and survivor-centred support? Are there still enough staff to provide services?
- **Health response.** Include health services for COVID-19 as part of referral information, in collaboration with public health promoters.

Share updated service mapping with colleagues, partners and coordination mechanisms.

## REMOTE REFERRALS

- Work with others to develop **remote referral systems**: e.g. via phone, apps (Messenger, WhatsApp, etc.) hotlines, or other digital platforms.
- **Encourage self-referral**: proactively share information on access to protection and emergency services through safe channels as part of awareness-raising activities, including the advantages and risks of each to enable informed consent. Provide advice on how to access services safely, where movement restrictions are in place.

## COMMUNITIES

- **Consult** with community-based, women's rights and human rights organizations to make sure the approach to referrals during the pandemic remains survivor-centred.
- **Adapt to changes in language** that communities use regarding protection incidents. Consider whether there is any risk of stigmatization (e.g. relating to people infected) with such language during the referral process.
- Address new and existing **barriers in accessing services** (such as gender, power, misinformation, culture, beliefs, stigmatization, physical distancing, COVID-19 measures, etc.) through awareness raising, social norm/behaviour change, advocacy, cash transfers, e-vouchers, etc.

## SUPPORTING SERVICE PROVIDERS

Partner with protection and emergency service providers in adapting to the COVID-19 situation by, for example:

- **Protective measures.** Collaborate with other sectors on protective measures such as installing hand-washing stations, providing protective equipment, drawing markings for safe distances etc.
- **Risk assessments.** Assist with the creation of safe programming risk assessments.
- **Reliable information.** Update others on the latest COVID-19 information, addressing stigmatization.
- **Equipment.** Consider providing resources such as phones and phone credit.

## SUPPORTING CPCs, PARTNERS AND STAFF

- Ensure staff (especially community-facing staff), partners and volunteers know how to **safely and appropriately deal with disclosures** (e.g. through training, briefings, simulations etc.).
- Put in place all **protective measures** needed for in-person referral if remote on-demand referrals are not possible.
- Provide **support and supervision** to CPCs on adapting their work to facilitate access to protection and emergency services during the COVID-19 outbreak, including awareness raising and sensitization, and ensuring that standards (e.g. survivor-centredness, safety, non-discrimination, dignity, confidentiality and respect) are maintained.

## ADVOCACY

Advocate to **remove barriers** in access to protection and emergency services during Covid-19, including:

- maintenance of essential services;
- maintaining survivors at the centre;
- protective measures to be put in place at services;
- exemptions on movement restrictions;
- establishment of remote services where possible.

## DATA PROTECTION

- Consider updating **data management protocols**; information about COVID-19 status – as with other personal information – must be treated confidentially.
- **Avoid collecting personal data** unless absolutely necessary; carry out a privacy impact assessment.
- **Update risk analyses** of referral activities for communities, staff and partners to also include risks related to COVID-19.



## 4.5. Protection advocacy

Oxfam's advocacy in relation to COVID-19 has multiple thematic streams. Protection advocacy is informed by ongoing protection monitoring and analysis, which should allow for the identification of priority issues. Oxfam teams should work with Protection Clusters or working groups on collective advocacy on protection issues. Protection staff should work with policy and advocacy teams to identify priorities for each specific context, for regional and global advocacy.

## 4.6. Gender-based violence

Mobility restrictions such as physical distancing, self-isolation, extreme lockdown and quarantine are likely to increase gender-based violence, especially intimate partner violence and domestic violence. Sexual violence in conflict zones may be exacerbated, and survivors may not be able to seek refuge in other countries due to border closures and travel restrictions. Even refuge with friends and relatives may be out of reach due to lockdowns.

### A protection response to gender-based violence:

- Uses a Safe Programming approach to mitigate and monitor gender-based violence risks and ensure protection programmes do not increase the risk of gender-based violence.
- Ensures coordination with gender and gender-based violence specialist colleagues for the facilitation of referrals for survivors and supports service providers to adapt and scale up, including adapting to remote referrals.
- Considers factors that might increase gender-based violence risks, such as gender, age, disabilities, xenophobia and racism, etc., which could be heightened during the pandemic.
- Supports hotlines where they are effective, including through funding, and works with community focal points and women's groups to ensure quick, safe and accurate access to information and services.
- Updates gender-based violence referral pathways to reflect primary and secondary healthcare facilities, and informs key communities and service providers about the updated pathways.
- Promotes Protection from Sexual Exploitation and Abuse (PSEA) through Codes of Conduct and other safeguarding measures, and reminds staff and partners of the need to comply with them.

## 5. SAFE PROGRAMMING

All Oxfam humanitarian responses must take proactive measures to ensure they do not cause inadvertent harm to people or the principles and standards that underpin our work. Protection programmes can have a higher level of risk because of their sensitive nature and the need to manage sensitive personal information in some cases. All protection programmes should identify risks, take measures to prevent or mitigate them, and continually monitor and adapt.



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## ADDITIONAL RESOURCES

International Federation of Red Cross and Red Crescent Societies (IFRC), OCHA and WHO. (2020). *COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement*. [https://reliefweb.int/sites/reliefweb.int/files/resources/COVID-19-CommunityEngagement\\_130320.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/COVID-19-CommunityEngagement_130320.pdf)

IFRC, UNICEF and WHO. (2020). *Social Stigma associated with COVID-19: A guide to preventing and addressing social stigma*. <https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf>

Oxfam. (2017). *Oxfam and Protection: A guidance note*. <https://policy-practice.oxfam.org.uk/publications/oxfam-and-protection-a-guidance-note-620411>

Oxfam. (2020a). *Community Engagement During COVID-19: A guide for community-facing staff*. <https://oxfamilibrary.openrepository.com/bitstream/10546/620977/1/gd-covid-19-oxfam-community-engagement-guide-270420-en.pdf>

Oxfam. (2020b). *Community Engagement During COVID-19: Checklist*. <https://oxfamilibrary.openrepository.com/bitstream/10546/620977/2/gd-covid-19-community-engagement-checklist-270420-en.pdf>

Oxfam. (2020c). *Community engagement during COVID-19: 13 practical tips*. <https://oxfamilibrary.openrepository.com/bitstream/10546/620977/3/gd-covid-19-community-engagement-13-practical-tips-270420-en.pdf>

Oxfam. (2020d). *Responding during COVID-19: guidance for community facing staff*. [https://www.oxfamwash.org/response-types/covid-19/OXCTF\\_Protecting%20Community%20Facing%20Staff%20and%20Volunteers.pdf](https://www.oxfamwash.org/response-types/covid-19/OXCTF_Protecting%20Community%20Facing%20Staff%20and%20Volunteers.pdf)

Global Protection Cluster (GPC), Danish Refugee Council (DRC), International Rescue Committee (IRC), Norwegian Refugee Council (NRC) and Oxfam. (2020). *Community-based protection during COVID-19*. <https://www.globalprotectioncluster.org/wp-content/uploads/Community-based-protection-during-COVID-19-Inputs-for-the-GPC-Advisory-Note-Final.pdf>



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